

Fill in this information to identify your case and this filing:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern</b>		District of <b>Texas</b>
Case number	<b>24-42011-ELM-13</b>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

Street address, if available, or other description		
_____		
City	State	ZIP Code
County	_____	

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

**\$0.00**

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1	Make: <u>Ford</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Explorer</u>	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2019</u>	<input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	
Approximate mileage: <u>50000</u>		<u>\$17,381.70</u>	<u>\$17,381.70</u>	
Other information:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

If you own or have more than one, describe here:

3.2	Make: <u>Ford</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Fusion</u>	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2016</u>	<input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	
Approximate mileage: <u>96000</u>		<u>\$8,910.00</u>	<u>\$8,910.00</u>	
Other information:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

3.3	Make: <u>Indian</u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Carbon R</u>	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2022</u>	<input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	
Approximate mileage: <u>4000</u>		<u>\$10,000.00</u>	<u>\$10,000.00</u>	
Other information:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1	Make: _____	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: _____	<input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	
Other information:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** ..... →

\$36,291.70

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe. ....

See Attached.

\$485.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe. ....

Televisions  
Computers  
Cell Phones

\$400.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe. ....

\_\_\_\_\_

\_\_\_\_\_

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe. ....

\_\_\_\_\_

\_\_\_\_\_

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe. ....

\_\_\_\_\_

\_\_\_\_\_

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe. ....

Clothes  
Shoes

\$220.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe. ....

Rings

\$3,000.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe. ....

1 Dog

2 Cats

\$100.00

14. **Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information. ....

\_\_\_\_\_

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$4,205.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes ..... Cash: .....

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes ..... Institution name:

JPMorgan Chase Bank

Account Number: XXXXX8368

17.1. Checking account: \_\_\_\_\_ \$36.00

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes ..... Institution or issuer name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

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20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

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21. **Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_

Pension plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Retirement account: \_\_\_\_\_

Keogh: \_\_\_\_\_

Additional account: \_\_\_\_\_

Additional account: \_\_\_\_\_

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Security deposit on rental unit: Progress Residential \$800.00

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes ..... Issuer name and description:

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24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

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25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them. ....

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26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them. ....

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27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them. ....

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**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal:

State:

Local:

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29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information. ....

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Alimony:

\_\_\_\_\_

Maintenance:

\_\_\_\_\_

Support:

\_\_\_\_\_

Divorce settlement:

\_\_\_\_\_

Property settlement:

\_\_\_\_\_

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information. ....

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\_\_\_\_\_

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

<b>Term Life Insurance through employer</b>	<b>Children</b>	<b>\$0.00</b>
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32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information. ....

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\_\_\_\_\_

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. ....

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\_\_\_\_\_

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim. ....

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\_\_\_\_\_

35. Any financial assets you did not already list

No

Yes. Give specific information. ....

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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....



\$836.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe. ....

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39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe. ....

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe. ....

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41. Inventory

No

Yes. Describe. ....

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42. Interests in partnerships or joint ventures

No

Yes. Describe. ....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe. ....

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44. Any business-related property you did not already list

No

Yes. Give specific information .....


45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....



\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes .....

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48. Crops—either growing or harvested

No

Yes. Give specific information. ....

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## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes .....

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## 50. Farm and fishing supplies, chemicals, and feed

 No Yes .....

--	--

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information. .....

--	--

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



\$0.00

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## Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information. .....


## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....



\$0.00

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## Part 8: List the Totals of Each Part of this Form

## 55. Part 1: Total real estate, line 2 .....



\$0.00

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## 56. Part 2: Total vehicles, line 5 .....

\$36,291.70

## 57. Part 3: Total personal and household items, line 15 .....

\$4,205.00

## 58. Part 4: Total financial assets, line 36 .....

\$836.00

## 59. Part 5: Total business-related property, line 45 .....

\$0.00

## 60. Part 6: Total farm- and fishing-related property, line 52 .....

\$0.00

## 61. Part 7: Total other property not listed, line 54 .....

+ \$0.00

## 62. Total personal property. Add lines 56 through 61. .....

\$41,332.70

Copy personal property total →

+ \$41,332.70

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63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

**\$41,332.70**

## Continuation Page

6.	Household goods and furnishings	
	<u>Dining Room Furniture</u>	<u>\$25.00</u>
	<u>Dryer</u>	<u>\$50.00</u>
	<u>Living Room Furniture</u>	<u>\$100.00</u>
	<u>Microwave</u>	<u>\$10.00</u>
	<u>Refrigerator/Freezer</u>	<u>\$50.00</u>
	<u>Stove</u>	<u>\$200.00</u>
	<u>Washing Machine</u>	<u>\$50.00</u>

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern</b>		District of <b>Texas</b>
Case number (if known)	<b>24-42011-ELM-13</b>		

Check if this is an amended filing

Official Form 106CSchedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

## Part 1: Identify the Property You Claim as Exempt

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
			<i>Check only one box for each exemption.</i>
Brief description: <u>2019 Ford Explorer</u>	<u>\$17,381.70</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(2)</u>
Line from <i>Schedule A/B</i> : <u>3.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>2016 Ford Fusion</u>	<u>\$8,910.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(2)</u>
Line from <i>Schedule A/B</i> : <u>3.2</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
3. Are you claiming a homestead exemption of more than \$189,050?			
(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Stove</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Refrigerator/Freezer</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Washing Machine</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Dryer</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Living Room Furniture</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Microwave</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Dining Room Furniture</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			

Debtor 1

NicholasRobertVincent

Debtor 2

MaryEllenRobinson

First Name

Middle Name

Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<u>Televisions</u> <u>Computers Cell Phones</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B:	<u>7</u>			
Brief description:	<u>Clothes Shoes</u>	<u>\$220.00</u>	<input checked="" type="checkbox"/> <u>\$220.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B:	<u>11</u>			
Brief description:	<u>Rings</u>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(4)</u>
Line from Schedule A/B:	<u>12</u>			
Brief description:	<u>1 Dog 2 Cats</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B:	<u>13</u>			
Brief description:	<u>JPMorgan Chase Bank</u> Checking account Acct. No.: XXXXX8368	<u>\$36.00</u>	<input checked="" type="checkbox"/> <u>\$36.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B:	<u>17</u>			
Brief description:	<u>Progress Residential</u> Security deposit on rental unit	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B:	<u>22</u>			
Brief description:	<u>Term Life Insurance through employer</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(7)</u>
Line from Schedule A/B:	<u>31</u>			

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>Northern</b>		District of <b>Texas</b>	
Case number (if known) <b>24-42011-ELM-13</b>			

Check if this is an amended filing

Official Form 106DSchedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
<b>2.1 Consumer Portfolio Services, Inc.</b> Creditor's Name <b>PO Box 98774</b> Number Street <b>Phoenix, AZ 85038-0774</b> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <b>4/1/2024</b> Last 4 digits of account number <b>3 5 2 6</b>	Describe the property that secures the claim: <b>2016 Ford Fusion</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<b>\$10,369.00</b>	<b>\$8,910.00</b>	<b>\$1,459.00</b>
Add the dollar value of your entries in Column A on this page. Write that number here:		<b>\$10,369.00</b>		

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13

Additional Page

After listing any entries on this page, number them beginning with 2.3,  
followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		
2.2	<b>Performance Finance</b>	Describe the property that secures the claim:	<u>\$10,543.00</u>
Creditor's Name		<u>2022 Indian Carbon R</u>	
<b>Attn: Bankruptcy Attn: Bankruptcy</b>			
<b>1515 West 22nd Street , Suite 100W</b>		As of the date you file, the claim is: Check all that apply.	
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Oak Brook, IL 60523</b>			
City	State	ZIP Code	
Who owes the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred	<u>3/1/2022</u>	Last 4 digits of account number	<u>0 9 8 8</u>
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$10,543.00</u>			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____			

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.		

2.3	<b>Together Credit Union</b>	Describe the property that secures the claim:	<b>\$30,103.00</b>	<b>\$17,381.70</b>	<b>\$12,721.30</b>	
Creditor's Name <b>423 Lynch St</b>		2019 Ford Explorer				
Number	Street	As of the date you file, the claim is: Check all that apply.				
<b>Saint Louis, MO 63118</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
City	State	ZIP Code	Nature of lien. Check all that apply.			
Who owes the debt? Check one.		<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred <u>5/1/2019</u>		Last 4 digits of account number <u>0 0 0 1</u>				
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$30,103.00</u>						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: <u>\$51,015.00</u>						

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<b>Northern</b>	District of <b>Texas</b>
Case number <b>24-42011-ELM-13</b> (if known)			

Check if this is an amended filing

Official Form 106E/FSchedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	<b>\$3,208.00</b>	<b>\$3,208.00</b>	<b>\$0.00</b>

2.1 **Lee Law Firm, PLLC**

Priority Creditor's Name

**8701 Bedford Euless Rd 510**

Number Street

Last 4 digits of account number **\_\_\_\_\_****\$3,208.00****\$0.00**When was the debt incurred? **\_\_\_\_\_****Hurst, TX 76053**

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify **Attorney Fees**

Is the claim subject to offset?

No  
 Yes

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13

## Part 2: List All of Your NONPRIORITY Unsecured Claims

## 3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

## 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>CACH, LLC</b>	Last 4 digits of account number	<u>                                  </u> <b>\$0.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	
<b>PO Box 10587</b>			
Number	Street	As of the date you file, the claim is: Check all that apply.	
<b>Greenville, SC 29603</b>		<input type="checkbox"/> Contingent	
City	State	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Collecting for - Care Credit</u>	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.2	<b>CACI</b>	Last 4 digits of account number	<u>3 5 0 6</u> <b>\$395.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	<u>12/1/2022</u>
<b>500 Northwest Plaza 300</b>			
Number	Street	As of the date you file, the claim is: Check all that apply.	
<b>Saint Ann, MO 63074</b>		<input type="checkbox"/> Contingent	
City	State	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Collecting for Six Flags Over Texas</u>	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13

Part 2:

**Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	<b>Capital One</b> Nonpriority Creditor's Name <b>PO Box 70886</b> Number Street  <b>Charlotte, NC 28272</b> City State ZIP Code	Last 4 digits of account number <u>3 9 2 0</u>	\$1,648.00
When was the debt incurred? <u>12/1/2017</u>			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.4	<b>Capital One</b> Nonpriority Creditor's Name <b>PO Box 70886</b> Number Street  <b>Charlotte, NC 28272</b> City State ZIP Code	Last 4 digits of account number <u>5 5 4 6</u>	\$1,079.00
When was the debt incurred? <u>3/1/2019</u>			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<u>4.5</u> <b>Capital One</b>	Last 4 digits of account number	<u>1 9 7 4</u>	<u>\$1,046.00</u>
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Nonpriority Creditor's Name

**PO Box 70886**

Number Street

When was the debt incurred?

12/1/2017**Charlotte, NC 28272**

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify CreditCard

Is the claim subject to offset?

No  
 Yes

<u>4.6</u> <b>Capital One</b>	Last 4 digits of account number	<u>      </u>	<u>\$1,022.00</u>
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Nonpriority Creditor's Name

**1680 Capital One Dr.**

Number Street

When was the debt incurred?

**Mc Lean, VA 22102**

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

Is the claim subject to offset?

No  
 Yes

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<u>4.7</u>	<u>Capital One Bank (USA), N.A.</u>	Last 4 digits of account number	<u>1 5 6 7</u>	<u>\$2,539.00</u>
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Nonpriority Creditor's Name

by American InfoSource as agent

When was the debt incurred?

1/1/2017PO Box 71083

Number Street

Charlotte, NC 73118

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify CreditCard

Is the claim subject to offset?

No  
 Yes

<u>4.8</u>	<u>Capital One Bank (USA), N.A.</u>	Last 4 digits of account number	<u>1 3 6 9</u>	<u>\$1,734.00</u>
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Nonpriority Creditor's Name

by American InfoSource as agent

When was the debt incurred?

11/1/2021PO Box 71083

Number Street

Charlotte, NC 73118

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify CreditCard

Is the claim subject to offset?

No  
 Yes

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<u>4.9</u> <b>Capital One Bank (USA), N.A.</b>	Last 4 digits of account number	<u>3 6 7 4</u>	<u>\$1,335.00</u>
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Nonpriority Creditor's Name

**by American InfoSource as agent****PO Box 71083**

Number Street

**Charlotte, NC 73118**

City State ZIP Code

When was the debt incurred? 4/8/2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify CreditCard

Is the claim subject to offset?

No  
 Yes

<u>4.10</u> <b>Capital One Bank (USA), N.A.</b>	Last 4 digits of account number	<u>_____</u>	<u>\$1,052.00</u>
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Nonpriority Creditor's Name

**by American InfoSource as agent****PO Box 71083**

Number Street

**Charlotte, NC 73118**

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

Is the claim subject to offset?

No  
 Yes

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>PO Box 15548</b> Number Street	Last 4 digits of account number <u>5 5 2 3</u>	\$7,399.00
	<b>Wilmington, DE 19886-5548</b> City State ZIP Code	When was the debt incurred? <u>3/1/2020</u>	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.12	<b>Chase Card Services</b> Nonpriority Creditor's Name <b>PO Box 15548</b> Number Street	Last 4 digits of account number <u>3 9 2 4</u>	\$1,998.00
	<b>Wilmington, DE 19886-5548</b> City State ZIP Code	When was the debt incurred? <u>1/1/2020</u>	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.13</b> <u>Collection Management Company</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy Attn: Bankruptcy</u> <u>661 Andersen Drive , Suite 110</u> Number Street <u>Pittsburgh, PA 15220</u> City State ZIP Code	Last 4 digits of account number <u>9 6 7 3</u> When was the debt incurred? <u>5/1/2023</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Medstar Mobile Healthcare</u>	<b>\$616.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>4.14</b> <u>Credit Collection Services</u> Nonpriority Creditor's Name <u>PO Box 9136</u> Number Street <u>Needham Heights, MA 02494</u> City State ZIP Code		
Last 4 digits of account number <u>8 3 5 6</u> When was the debt incurred? <u>2/1/2023</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Geico County Mutual</u>		
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor 1

Nicholas Robert Vincent

Case number (if known) 24-42011-ELM-13

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.17</b> <u>Lockhart Morris &amp; Montgomery, Inc.</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>1401 N Central Expressway , Ste 225</u> Number Street <u>Richardson, TX 75080</u> City State ZIP Code	Last 4 digits of account number <u>3 2 5 9</u> When was the debt incurred? <u>3/1/2024</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> <u>\$623.00</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Lonestar Hospital Medicine Ass.</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>4.18</b> <u>Lvnv Funding/Resurgent Capital</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 10497</u> Number Street <u>Greenville, SC 29603</u> City State ZIP Code		
Last 4 digits of account number <u>1 6 1 1</u> When was the debt incurred? <u>10/1/2023</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for - Webbank</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.19</b> <u>Midland Credit Mgmt</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u>  <u>PO Box 939069</u> Number Street <u>San Diego, CA 92193</u> City State ZIP Code	Last 4 digits of account number <u>5 4 9 8</u>  When was the debt incurred? <u>10/1/2023</u>	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>4.20</b> <u>Midland Credit Mgmt</u> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u>  <u>PO Box 939069</u> Number Street <u>San Diego, CA 92193</u> City State ZIP Code		
Last 4 digits of account number <u>4 0 1 3</u>  When was the debt incurred? <u>5/1/2023</u>		
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>0</u> <u>4</u> <u>3</u> <u>5</u>  <u>12/1/2018</u>	\$8,712.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.22	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>0</u> <u>2</u> <u>3</u> <u>5</u>  <u>12/1/2017</u>	\$7,844.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number <u>9 6 3 5</u>	<b>\$7,353.00</b>
When was the debt incurred? <u>7/1/2015</u>			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.24	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number <u>9 8 3 5</u>	<b>\$7,164.00</b>
When was the debt incurred? <u>3/1/2016</u>			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>0 1 3 5</u>  <u>12/1/2017</u>	\$5,683.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.26	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>9 9 3 5</u>  <u>1/1/2017</u>	\$5,655.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>0 0 3 5</u>  <u>1/1/2017</u>	\$5,156.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.28	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>9 7 3 5</u>  <u>3/1/2016</u>	\$4,644.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>0 3 3 5</u>  <u>12/1/2018</u>	\$4,151.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.30	<b>Nelnet</b> Nonpriority Creditor's Name <b>PO Box 82505</b> Number Street  <b>Lincoln, NE 68501-2505</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>9 5 3 5</u>  <u>7/1/2015</u>	\$3,612.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.31</b> <u>NTTA</u> Nonpriority Creditor's Name <u>5900 West Plano Pkwy</u> Number Street  <u>Plano, TX 75093</u> City State ZIP Code	Last 4 digits of account number <u>1 7 9 3</u>  When was the debt incurred? _____	<b>Total claim</b> <u>\$179.99</u>
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown</u>		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>4.32</b> <u>Plus Finance</u> Nonpriority Creditor's Name <u>Po Box 9203</u> Number Street  <u>Old Bethpage, NY 11804-9003</u> City State ZIP Code		
Last 4 digits of account number <u>1 3 0 3</u>  When was the debt incurred? <u>9/1/2022</u>		
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>Citibank/Best Buy</b>	Last 4 digits of account number	<u>2 8 5 6</u>	\$2,538.00
	<b>PO Box 41067</b> Number Street <b>Norfolk, VA 23541</b>	When was the debt incurred?	<u>10/1/2023</u>	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.34	<b>Portfolio Recovery Associates, LLC</b> Nonpriority Creditor's Name <b>Citibank/Best Buy</b>	Last 4 digits of account number	<u>5 5 5 3</u>	\$1,955.00
	<b>PO Box 41067</b> Number Street <b>Norfolk, VA 23541</b>	When was the debt incurred?	<u>1/1/2024</u>	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.35</b> <b>SYNCB/Care Credit</b> Nonpriority Creditor's Name <b>170 W. Election Road</b> Number Street	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____	<b>\$774.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown</u>		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>4.36</b> <b>SYNCB/Care Credit</b> Nonpriority Creditor's Name <b>170 W Election Rd</b> Number Street		
Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____		
<b>As of the date you file, the claim is:</b> Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown</u>		
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.39	<b>Synchrony/PayPal Credit</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 965060</b> Number Street <b>Orlando, FL 32896-5060</b> City State ZIP Code	Last 4 digits of account number <b>4 7 8 1</b>	When was the debt incurred? <b>1/1/2022</b>	\$2,042.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.40	<b>Texas Health Resources</b> Nonpriority Creditor's Name <b>By American Infosource as agent</b> <b>P.O. Box 4457</b> Number Street <b>Houston, TX 77210</b> City State ZIP Code	Last 4 digits of account number _____	When was the debt incurred? _____	\$75.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.41</b>	<b>Texas Health Resources</b>	Last 4 digits of account number	<b>\$75.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	
<b>By American Infosource as agent</b>			
<b>P.O. Box 4457</b>		As of the date you file, the claim is: Check all that apply.	
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Houston, TX 77210</b>			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.42</b>	<b>Texas Health Resources</b>	Last 4 digits of account number	<b>\$75.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	
<b>By American InfoSource as Agent</b>			
<b>P.O. Box 4457</b>		As of the date you file, the claim is: Check all that apply.	
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Houston, TX 77210-4457</b>			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			





Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.47 Westlake Financial Services Last 4 digits of account number 4 9 5 2 \$3,947.00

Nonpriority Creditor's Name

4751 Wilshire Bvd Suite 100

Number Street

When was the debt incurred?

1/1/2011

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Repo deficiency

Is the claim subject to offset?

No  
 Yes

4.48 ZZounds Last 4 digits of account number ----- \$773.94

Nonpriority Creditor's Name

8 Thornton Rd

Number Street

When was the debt incurred?

-----

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal loan

Is the claim subject to offset?

No  
 Yes

Debtor 1

Nicholas Robert Vincent

Debtor 2

Mary Ellen Robinson

First Name Middle Name Last Name

Case number (if known) 24-42011-ELM-13**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$3,208.00</u>
	6e. Total. Add lines 6a through 6d.	<u>\$3,208.00</u>

		Total claim
<b>Total claims from Part 2</b>	6f. Student loans	6f. <u>\$59,974.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$60,495.93</u>
	6j. Total. Add lines 6f through 6i.	<u>\$120,469.93</u>

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of Texas</b>		
Case number (if known)	<b>24-42011-ELM-13</b>		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for
2.1	<b>Progress Residential</b>		<b>House Lease</b> <b>Contract to be ASSUMED</b>
	Name		
	<b>P.O. Box 4300 810</b>		
	Number	Street	
	<b>Scottsdale, AZ 85261</b>		
	City	State	ZIP Code
2.2			
	Name		
	Number	Street	
	City	State	ZIP Code
2.3			
	Name		
	Number	Street	
	City	State	ZIP Code
2.4			
	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<b>Northern</b>	District of <b>Texas</b>
Case number <b>24-42011-ELM-13</b> (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Schedule D, line \_\_\_\_\_

Number Street

Schedule E/F, line \_\_\_\_\_

City State ZIP Code

Schedule G, line \_\_\_\_\_

3.2

Name

Schedule D, line \_\_\_\_\_

Number Street

Schedule E/F, line \_\_\_\_\_

City State ZIP Code

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of Texas</b>		
Case number (if known)	<b>24-42011-ELM-13</b>		

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse	
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	
Occupation	<u>MHA</u>		
Employer's name	<u>Lockheed Martin</u>		
Employer's address	<u>Po Box 33003</u> Number Street	Number Street	
	<u>Lakeland, FL 33807-3003</u>		
	City	State	Zip Code
How long employed there?	<u>13 years</u>		

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$5,398.31</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	+ <u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$5,398.31</u>	<u>\$0.00</u>

Debtor 1  
Debtor 2

Nicholas Mary	Robert Ellen	Vincent Robinson
First Name	Middle Name	Last Name

Case number (if known) 24-42011-ELM-13

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b> →	4. <u>\$5,398.31</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$361.30</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e. <u>\$793.98</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$1,155.27</u>	<u>\$0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <u>\$4,243.04</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	<u>\$0.00</u>
8b. Interest and dividends	8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e. <u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: _____	8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$0.00</u>	<u>\$0.00</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. <u>\$4,243.04</u>	+ <u>\$0.00</u> = <u>\$4,243.04</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify: _____	11. + <u>\$0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. <u>\$4,243.04</u>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No. _____ <input type="checkbox"/> Yes. Explain: _____	
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b> First Name	<b>Robert</b> Middle Name	<b>Vincent</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b> First Name	<b>Ellen</b> Middle Name	<b>Robinson</b> Last Name
United States Bankruptcy Court for the:	<b>Northern District of Texas</b>		
Case number (if known)	<b>24-42011-ELM-13</b>		

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

##### 2. Do you have dependents?

	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.			Child	10	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Do not state the dependents' names.			Child	5	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
			Child	4	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

#### Your expenses

4.	<b>\$1,624.00</b>
4a.	<b>\$0.00</b>
4b.	<b>\$0.00</b>
4c.	<b>\$0.00</b>
4d.	<b>\$0.00</b>

Debtor 1  
Debtor 2Nicholas  
MaryRobert  
EllenVincent  
Robinson

First Name

Middle Name

Last Name

Case number (if known) 24-42011-ELM-13

## Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$300.00
6b. Water, sewer, garbage collection	6b.	\$189.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$330.00
6d. Other. Specify: <u>Cable or Satellite Dish</u>	6d.	\$169.00
7. Food and housekeeping supplies	7.	\$500.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$50.00
10. Personal care products and services	10.	\$50.00
11. Medical and dental expenses	11.	\$400.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$330.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$0.00
17b. Car payments for Vehicle 2 <u>2016 Ford Fusion</u>	17b.	\$300.00
17c. Other. Specify: <u>Motorcycle</u>	17c.	\$276.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1  
Debtor 2

<b>Nicholas</b> <b>Mary</b>	<b>Robert</b> <b>Ellen</b>	<b>Vincent</b> <b>Robinson</b>
First Name	Middle Name	Last Name

Case number (if known) 24-42011-ELM-13

21. **Other.** Specify: \_\_\_\_\_

21. + **\$0.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. **\$4,718.00**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. **\$0.00**

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$4,718.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. **\$4,243.04**

23b. Copy your monthly expenses from line 22c above.

23b. - **\$4,718.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **(\$474.96)**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b> First Name	<b>Robert</b> Middle Name	<b>Vincent</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b> First Name	<b>Ellen</b> Middle Name	<b>Robinson</b> Last Name
United States Bankruptcy Court for the:	<b>Northern District of Texas</b>		
Case number (if known)	<b>24-42011-ELM-13</b>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

##### 1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<b>\$0.00</b>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<b>\$41,332.70</b>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<b>\$41,332.70</b>

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<b>\$51,015.00</b>
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##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<b>\$3,208.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<b>+ \$120,469.93</b>

##### Your total liabilities

**\$174,692.93**

#### Part 3: Summarize Your Income and Expenses

##### 4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<b>\$4,243.04</b>
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##### 5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<b>\$4,718.00</b>
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Debtor 1  
Debtor 2

<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
First Name	Middle Name	Last Name

Case number (if known) 24-42011-ELM-13

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$3,760.84

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) **\$0.00**

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) **\$0.00**

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) **\$0.00**

9d. Student loans. (Copy line 6f.) **\$59,974.00**

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) **\$0.00**

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) **\$0.00**

9g. **Total.** Add lines 9a through 9f. **\$59,974.00**

Fill in this information to identify your case:

Debtor 1	<b>Nicholas</b>	<b>Robert</b>	<b>Vincent</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Mary</b>	<b>Ellen</b>	<b>Robinson</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of Texas</b>		
Case number (if known)	<b>24-42011-ELM-13</b>		

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Nicholas Robert Vincent  
Nicholas Robert Vincent, Debtor 1

Date 07/15/2024  
MM/ DD/ YYYY

**X** /s/ Mary Ellen Robinson  
Mary Ellen Robinson, Debtor 2

Date 07/15/2024  
MM/ DD/ YYYY